

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

35524

State File No. ....

FILED OCT 27 1952

BIRTH NO. .... REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 145

## 1. PLACE OF DEATH

a. COUNTY

Lacledeb. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Phillipsburg Rural c. LENGTH OF STAY (In this place) 86 YRS.d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route # 1.

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

Lacledec. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Phillipsburg Rural

d. STREET ADDRESS (If rural, give location)

Rural Rt # 1.

## 3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

Pleasant Colbert Chastain

## 4. DATE OF DEATH

(Month)

(Day)

(Year)

Oct 7 1952

## 5. SEX

0

## 6. COLOR OR RACE

white

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

married

## 8. DATE OF BIRTH

April 8, 1866

## 9. AGE (In years last birthday)

86

10. MONTHS

5

11. DAYS

29

12. HOURS

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (State or foreign country)

Dallas Co. Mo.

## 12. CITIZEN OF WHAT COUNTRY?

U.S.A.

## 13. FATHER'S NAME

George Chastain

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Dame

## 14. NAME OF HUSBAND OR WIFE

Frances Chastain

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

none

## 17. INFORMANT'S SIGNATURE OR NAME

Mrs. Frances Chastain Phillipsburg

## ADDRESS

## 18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

Myocarditis

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Enlargement in R abdo. - possible cancer

## INTERVAL BETWEEN ONSET AND DEATH

2 yrs

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

4221 H

## 20. AUTOPSY?

YES ☐ NO ☒

## 21a. ACCIDENT SUICIDE HOMICIDE (Specify)

## 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 21c. (CITY, TOWN, OR TOWNSHIP)

## (COUNTY)

## (STATE)

## 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1949, to 10-7, 1952, that I last saw the deceased alive on 10-7, 1952, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

## 23a. SIGNATURE

(Degree or title)

W. L. Lindsay M.D.

## 23b. ADDRESS

Crownway Mo.

## 23c. DATE SIGNED

10-9-52

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 24b. DATE

10/9/52

## 24c. NAME OF CEMETERY OR CREMATORY

Flat Woods Cemetery

## 24d. LOCATION (City, town, or county)

Dallas Co. Mo.

## (State)

## DATE REC'D BY LOCAL REG.

10-10-1952

## REGISTRAR'S SIGNATURE

Hella L. Hay

## 25. FUNERAL DIRECTOR'S SIGNATURE

W. E. Holman Lebanon Mo.

## ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 18 1952

Received

Isle of Health Unit

File No.

10-52-136

OCT 24 1952

late Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*Dorsey M. Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.